

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

August 18, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Super Saver, 2662 Cornhusker. Super Saver holder of a class D liquor license requests this liquor license be upgraded to a class C liquor license.

Matt Kempston will be the manager of this liquor license. Background information will be omitted as Mr. Kempston was previously approved as a manager at other Super Saver locations.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.

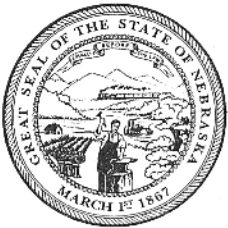
This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





Dave Heineman
Governor

9-11-06

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

August 16, 2006

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

Dear Local Governing Body:

*B+R Stores, Inc
dba Super Saver #9
2662 Cornhusker Hwy
Class C*

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

*A6-088928
123*

(18)

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

74097

Local-

RECEIVED

AUG 10 2006

LICENSE APPLICATION CHECKLIST

Applicant Name B&B Stores Inc Telephone # 225-4000
 Trade Name Super Saver #9 Previous Trade Name _____

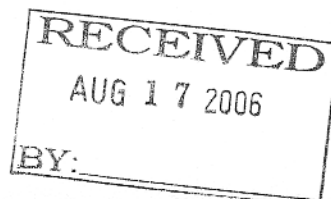
NEBRASKA LIQUOR
CONTROL COMMISSION

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE

- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$38.00 for each person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to a Nebraska State Patrol Agency or law enforcement agency listed in the fingerprint brochure.
- ☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
- ☒ 3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3a and Manager application - Form 3b (with corporate application only). LLC application must include all members.
- ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
- ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
- ☐ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
- ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
- ☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- ☐ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.



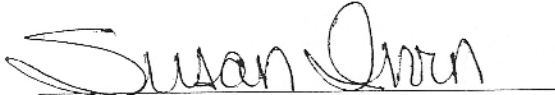
FORM 35-4251
REV. 2/04

bus clk 003287
40-hu
pt. 280719

☒ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,
PO Box 95046, Lincoln NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: SUSAN IRVIN

Phone: (402) 325-4935

Firm Name: B&R STORES, INC.

Firm address: 4554 "W" STREET LINCOLN NE 68503

RECEIVED

AUG 10 2006

PREMISE INFORMATION

Trade Name (doing business as) SUPER SAVER #9

NEBRASKA LIQUOR
CONTROL COMMISSION

Street Address #1 2462 CORNHUSKER HWY

Street Address #2 _____

City LINCOLN

County LANCASTER #2

Zip Code 68521

Telephone number at premise to be licensed (402) 446-7100

Is this location inside the city/village corporate limits: ☒ YES

☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: B&R STORES, INC.

Street Address #1 4554 "W" ST.

Street Address #2 _____

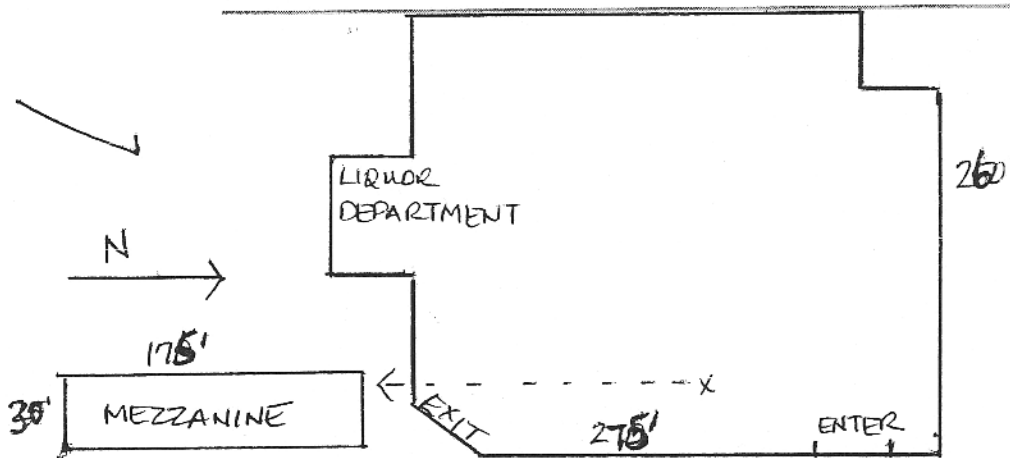
City LINCOLN

County LANCASTER

Zip Code 68503

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



BUILDING IS ONE FLOOR
w/ MEZZANINE

LICENSE SHOULD
COVER ENTIRE
BUILDING

MAIN LEVEL
APPROX. 275' x 260'

MEZZANINE 175' x 30'

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number _____
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo Bank Nebraska N.A. 1248"O" Street Lincoln NE 68508
Signatures on the Account: Kipp Utemark and Pat Raybould

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

PLEASE SEE ATTACHED LIST --- EXHIBIT "D"

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Matt Kempston
40 hours a week

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

*7 1/2 years also hospitality
course*

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒
☐
☐

Lease: expiration date *October 15, 2008* *2nd sublease 2A*
Deed
Purchase Agreement

15. When do you intend to open for business? *now open*

16. What will be the main nature of business? What are the anticipated hours of operation?

Grocery store open 24 hours except Christmas Day

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
SEE ATTACHED LIST			
EXHIBIT "C"			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

✓	<u>Richard W. Raybould</u> (sign here)	<u>Janet Chung</u> (sign here)	Janet Chung
✓	<u>Arieta C. Raybould</u> (sign here)	(sign here)	
Jane Raybould	<u>Jane M. Loggins</u> (sign here)	(sign here)	
Jose Herrero	<u>Jose H. Herrera</u> (sign here)	(sign here)	
patrick raybould	<u>Patrick Raybould</u> (sign here)	(sign here)	

Subscribed in my presence and sworn to before me this

6 day of June, 2006

Marcene E. Gardner

Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Michael Raybould
(sign here)

(sign here)

Dilla Raybould
(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

(sign here)

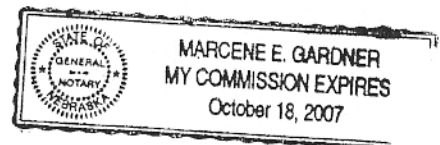
(sign here)

Subscribed in my presence and sworn to before me this

10 day of June, 2006

Marcene E. Gardner

Notary Public Signature & Seal

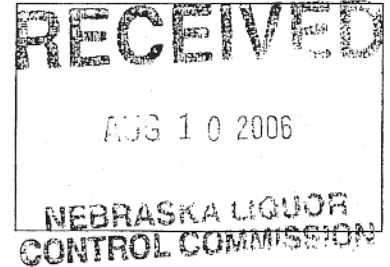


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FORM 35-4010
REV. 4/05

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION B&R STORES, INC.

CLASS & LICENSE NUMBER _____

TRADE NAME SUPER SAVER #9

STREET ADDRESS 2662 CORNHUSKER HWY

CITY LINCOLN


SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME KEMPSTON, MATTHEW JERRY

ADDRESS 4910 HAPPY HOLLOW LANE

CITY LINCOLN

STATE NE

ZIP CODE 68516

HOME PHONE NUMBER 402 328-8214 BUSINESS PHONE NUMBER (402) 420-2000

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH LINCOLN, NE

DRIVERS LICENSE NUMBER & STATE _____ NEBRASKA

SPOUSE INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME KEMPSTON, REBECCA ANN HASSLER

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER & STATE _____ NE

Spousal

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date. SUPER SAVER #18, 3318 23RD ST., COLUMBUS, NE 68512

☒ YES ☐ NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

prints enclosed for Matt

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
LINCOLN, NE	2-1-05 Current	LINCOLN, NE	2-1-05 Current
SEWARD, NE	1-24-99 1-31-05	SEWARD, NE	1-24-99 1-31-05
LINCOLN, NE	8-1-84 1-23-99	LINCOLN, NE	5-27-72 1-23-99

EMPLOYERS - LIST LAST TWO EMPLOYERS

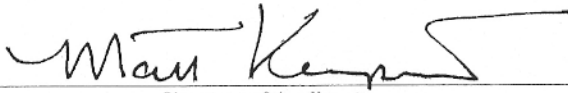
MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
11-88 Present	CTI	BILL WATSON	(402) 423-7851
	B&R STORES, INC.	PAT RAYBOULD	402-464-6297

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

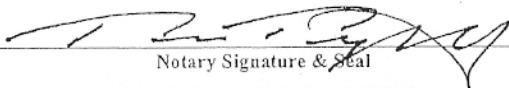
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

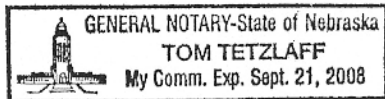

Signature of Applicant
MATT KEMPSTON

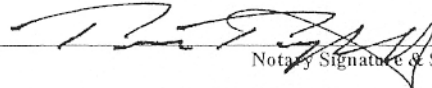
Subscribed in my presence and sworn to before me this 6th
day of JULY, 2006

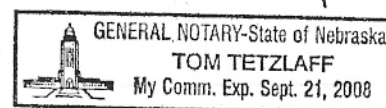

Signature of Spouse
Rebecca Kempston

Subscribed in my presence and sworn to before me this 6th
day of JULY, 2006


Notary Signature & Seal




Notary Signature & Seal



NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

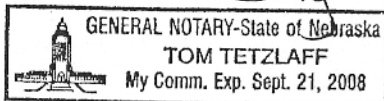
The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Rebecca Kempston

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 6th day

of July, 2006.



[Signature]
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]

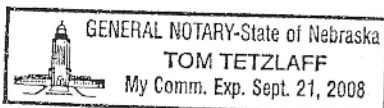
Signature of licensee/applicant

MATT KEMPSTON

Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 6th day

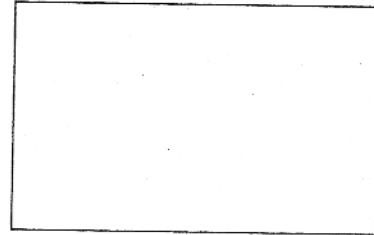
of JULY, 2006.



[Signature]
Signature of Notary Public

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

B&R STORES, INC.

Corporate Street Address: 4554 "W" STREET

City: LINCOLN State: NE Zip Code: 68503

Corporate Telephone Number 402-464-6297

Total number of shares issued (if corporation) 33155

Is this a Non Profit Corporation? ☐ YES ☒ NO
If yes, what is your Federal ID #? 47-0531640

Name of Registered Agent PATRICK RAYBOULD

Name of Proposed Manager MATT KEMPSTON

This person must complete form 35-4013

Last name of Chief Executive Officer

Last Name: RAYBOULD First Name: PATRICK MI

Address Street 9501 EASTVIEW City LINCOLN

State NE Zip Code 68505 Home Phone number 402-483-9993

Social Security Number Date of Birth

List names of all Officers, Directors, Stockholders, Members and their Spouses

signed app
prints on file 6-21-05
Last Name RAYBOULD First Name PATRICK *1390*

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title PRESIDENT Number of Shares 4445

Spouse Name (indicate N/A if single) JANET CHUNG

signed app
Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

igned app
prints on file 1-1-05
Last Name RAYBOULD First Name RUSSELL

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title CHAIRMAN B.O.D. Number of Shares 7799 *2490*

Spouse Name (indicate N/A if single) ANITA RAYBOULD

igned app
prints on file 1-1-05
Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title SECRETARY/TREASURER Number of Shares 1522 *590*

igned app
Last Name RAYBOULD First Name MICHAEL

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title VICE PRESIDENT Number of Shares 4610 *1490*

Spouse Name (indicate N/A if single) WILLA RAYBOULD

igned app
Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

signed
app

Last Name RAYBOULD First Name JANE

Social Security Number [redacted] Date of Birth [redacted]

Title VICE PRESIDENT Number of Shares 2909

970

signed
app

Spouse Name (indicate N/A if single) JOSE HERRERO

Spouse Social Security Number [redacted] Date of Birth [redacted]

Title N/A Number of Shares NONE

Last Name B&R STORES, INC. PROFIT SHARING First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares 11870

3670

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

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AUG 10 2006

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate tax year with the IRS

Starting Date 01/01/2006

Ending Date 12/31/2006

Signature of President/Managing Member

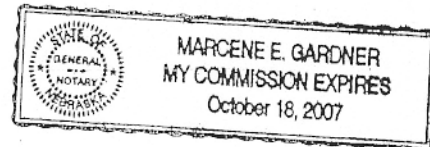
Marcene E. Gardner
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

6 day of June, 2006

Marcene E. Gardner
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.